



Department of Military Affairs
2400 Wright Street
PO Box 7865
Madison WI 53707-7865

Scott Walker
Governor

Donald P. Dunbar
Adjutant General

HS Exercises 2016

Grant Announcement

**Applications must be submitted through
Egrants on or before December 16, 2016**



STATE OF WISCONSIN

DEPARTMENT OF MILITARY AFFAIRS

SCOTT WALKER
GOVERNOR

DONALD P. DUNBAR
ADJUTANT GENERAL

Important Contact Information for this Grant Opportunity:

Program/Policy:	Michael Jordan (608) 242-3335 Michael.jordan@Wisconsin.gov
Budget/Fiscal:	Deb Hughes (608) 242-3236 Deb.hughes@Wisconsin.gov
Egrants Assistance:	Weekdays, 7:30am – 4:00pm Email: Deb.hughes@Wisconsin.gov Telephone: (608) 242-3236

The Egrants system user guide has step-by-step instructions for accessing and using the Egrants online system. The guide is posted on the grants page of the WEM website:
<https://egrants.emergencymanagement.wi.gov/egmis/EgrantsExternalUserGuide9-12-2014WEM.pdf>

Online Help is available throughout the Egrants application process. Once you have started an application, look for the HELP button in the top right corner of the screen. Page-specific instructions can be found there.

Grant Announcement Summary

Grant Title: HS Exercises 2016

Description: This grant provides funds to design, develop, conduct and evaluate exercises to test the plans and capabilities of Wisconsin's emergency response community.

Opportunity Category: Competitive

Important Dates:

Application Due Date: December 16, 2016

Project Start Date: February 1, 2017

Project End Date: December 31, 2017

Funding Amount: The total funding available for grant award is \$140,000.

Match/Cost Sharing Requirement: None

Eligibility: County or tribal emergency management offices are the only eligible applicants. Applicants interested in applying for an exercise grant must first contact Wisconsin Emergency Management (WEM) to be assigned an exercise officer who will help determine the appropriate scope and expenses for the requested exercise.

Eligible Expenses: Allowable exercise costs include travel/training, supplies and operating expenses, and consultants/contractors.

Overtime and backfill is no longer an eligible expense.

Recipients and sub recipients shall use their own procurement standards and regulations, provided that the procurement conforms to applicable Federal law and the standards identified in the Procurement Standards Sections of 2 CFR §§ 200.318-326.

All expenses must be new and cannot replace existing state or local government funding. Substitution of existing funds with federal grants (supplanting) will be the subject of monitoring and audit. Violations may result in a range of penalties, including suspension of current and future funds under this program, suspension or debarment from federal grants, repayment of monies provided under a grant, and civil and/or criminal penalties.

HS Exercises 2016

Program Description

Exercises are a key element of Wisconsin's Homeland Security strategy to improve emergency responder capabilities. Exercises assist agencies in achieving objective assessments of their response capabilities and help identify areas needing improvement prior to a real incident. Exercises also inform local and statewide planning activities by highlighting needs for future resource allocation. Homeland Security exercise grants are intended to support a statewide exercise program through direct support to tribes, counties and state agencies.

All exercises shall follow the state's current Homeland Security strategy which can be found at the following link: <H:\Common\HS Strategy\Wisconsin-Homeland-Security-Strategy-FINAL-20150710.pdf>

Due to limited funds, applicants must first make use of WEM exercise officers and/or local agency expertise when developing and conducting exercises. **Contact must be made with Gary Wieczorek and/or his designee at WEM to ascertain the availability/assignment of WEM's exercise officers (Gary.Wieczorek@Wisconsin.gov 608-242-3213).** When WEM exercise officers are not available to assist with the development and execution of the exercise event as determined by Mr. Wieczorek, grant funds may be used to hire contractors/consultants to manage exercise development, execution, evaluation and completion of after-action reports (AARs). Please note that documentation of the contact to WEM must be included in the Project Narrative section. Every effort should be made to maximize grant dollars through the coordination of participating agency resources.

If using contractors or consultants, these individuals must be trained in the Homeland Security Exercise and Evaluation Program (HSEEP), and must present evidence that they have prior success in performing the type of exercises they are being contracted to deliver.

A component of after-action reporting includes performance evaluations of contractors and WEM exercise officers. The Exercise Evaluation Survey is posted on the WEM website: <http://emergencymanagement.wi.gov/egrants/forms/Exercise%20Evaluation%20Survey.doc>

An important goal of exercises is to train and test the connections and coordination among local, regional, state and federal emergency response partners. In consultation with WEM, sub-grantees will include all appropriate partners in the exercise, including mutual aid partners, private sector whole community partners, state agencies, and the State Emergency Operations Center (SEOC), when appropriate to the scenario and scope of the exercise. It is the expectation of WEM that applicants would be willing to include the SEOC in the exercise to test connections between county and state agencies.

WEM encourages the inclusion of a State Emergency Operations Center element in all exercises that are funded with these grant funds. If it is the intent of the applicant to include this element it should be so noted and described in the "Implementation Plan" section of the application.

WEM also strongly encourages the inclusion of a WI-CAMS state credentialing system element in all exercises that are funded with these grants. If it is the intent of the applicant to include this element it should be so noted and described in the "Implementation Plan" section of the

application. You should call David Klein, WEM Mission Support at 608-242-3254 david.klein@wisconsin.gov for additional information on how this can be accomplished. Note: WEM will award 1 point for the inclusion of a WI-CAMS element in an exercise which will be applied toward the total application score which in turn is used to determine award eligibility.

Award Information

Project funding will be provided from the 2016 Homeland Security grant program. The approximate total amount available for this grant is \$140,000. There is no match of any kind required.

Upon application approval, the applicant agency's project director will receive a paper grant award document by mail in approximately 30 days.

Submit Applications Using Egrants

Applications must be submitted through the Egrants online grants management system. If you have never used Egrants before, you will need to register for access to the system. To register online, go to <http://register.wisconsin.gov/AccountManagement/> and complete the 'self registration' process. Please take care to select Egrants during this process.

Authorization to access Egrants can take several days depending on registration activity. The WEM help desk is open Monday-Friday 7:30am-4pm if you need assistance. (Please note: If you register outside of these hours, access may not be approved until the next business day.) Once your Egrants access has been approved, you may begin your online grant application.

An Egrants System User Guide is posted on the WEM website:

<https://egrants.emergencymanagement.wi.gov/egmis/EgrantsExternalUserGuide9-12-2014WEM.pdf>

Application Components

Through Egrants, you will provide WEM with detailed information about your project that will be used to make a funding decision. Questions on what is expected in each section can be directed to Michael Jordan at (608) 242-3335 or at Michael.Jordan@wi.gov.

1. Main Summary

This page asks for information about your agency and the individuals responsible for the application and grant award. There are many required fields on this page so if you encounter problems, please check online help by clicking the floating HELP button. Please note: When identifying individuals involved in this grant, you may not list the same person as project director and financial officer. The financial officer is the individual responsible for financial activities in your organization while the project director will be overseeing project operations.

In the Brief Project Description text box, please describe your project in 150 words or less. A suggested format is included for your convenience:

“Funds will be used by the (your agency name and others involved in the project) to (describe what funds will be used for and who will be involved). The (what - equipment, training, project, pilot, etc.) will (describe the specific goals you hope

to achieve – how will the project or equipment improve safety in Wisconsin?) [If appropriate, add which area(s) of the state will benefit]”

Responses to this section will be used on the WEM website, cited in WEM reports and could be mentioned in press releases. Plain language that clearly describes the intent of the project is most effective.

2. Approval Checklist

Answer Yes, No or NA to each question.

3. Performance Measures

Enter the number of tabletop, functional, and full-scale exercises that will be conducted during the performance period of this grant.

4. Budget Detail

Complete a project budget using the following categories. For each category used, enter a justification that describes how the items in that category will be used during the course of the grant period. It is important that you include specific details for each budget line item, including cost calculations.

Travel/Training: Any travel and/or training costs associated with the funded project. Only actual expenses will be reimbursed. All reimbursements will be at current state rates that are subject to change. Current rates for in-state travel at the time of this announcement include:

- Mileage: \$0.51/mile
- Lodging: Maximum \$82/night (\$90/night for Milwaukee, Waukesha or Racine County)
- Meals: \$8/breakfast (leaving before 6 a.m.); \$10/lunch (leaving before 10:30 a.m. and returning after 2:30 p.m.); \$20/dinner (returning after 7 p.m.); \$7/breaks

(Please note: Costs will only be reimbursed after submission of an event agenda and attendance list. Travel and training for contracted employees does not go in this section. These expenses should be itemized under “Contractual.”)

Supplies and Operating Expenses: Includes consumables such as paper, stationery, postage, and software. Also includes operating expenses such as rent and utilities. Show computations for all items. For example, Rent: \$150/mo x 12 months = \$1,800.

Consultants/Contractual: Provide costs associated with individuals or entities providing services through a contractual arrangement. With the exception of a few justified sole source situations, contracts should be awarded via competitive processes. Attach detailed information to support the total cost of each contract. For each consultant enter the name, if known; service to be provided; hourly rate and estimated time on the project. Hourly rate for training and exercise contractors may not exceed \$50.00/hour. Show the basis of computation for each service requested.

In all remaining sections enter your response into egrants and do not write “see proposal

5. Project Narrative

Provide a clear description of the scenario and scope of the exercise. Be sure to note if this is a tabletop, functional or full-scale exercise. The scenario should be reasonable, realistic and appropriate for the jurisdiction.

Grant recipients must follow HSEEP requirements. Guidelines are published on the WEM website:

http://emergencymanagement.wi.gov/training/Exercise_Resource/HSEEP/HSEEP.asp

List the core capabilities that will be tested. *The best applications will be well-suited to test the desired capabilities.*

Applications that test the following core capabilities will be awarded additional points during the review process. These are capabilities that were identified in the 2015 Threat and Hazard Identification and Risk Assessment (THIRA) and State Preparedness Report (SPR) as a priority for training and exercising.

Primary:

Logistics and Supply Chain Management.
Mass Care Services
Operational Communications

Cybersecurity
Infrastructure Systems

Secondary:

Community Resilience
Intelligence and Information Sharing
Mass Search and Rescue Operations
Environmental Response/Health/Safety
Public Health, Healthcare and Warning

Critical Transportation
Health and Social Services
Housing
Public Information/Warning
Operational Coordination

For information about the core capabilities, please see FEMA's website at <http://www.fema.gov/core-capabilities>. If you have questions about core capabilities please contact the WEM exercise officers. **Appendix A** is a reference guide for a cross-walk between the prior Target Capabilities and Core Capabilities.

6. Evidence of Need

- Explain the need for this exercise in your jurisdiction. Explain how the exercise addresses the risks and capability gaps that have been identified by the jurisdiction. Describe the risk assessment and capability gap analysis that were done. *Best applications will clearly tie the capabilities and the scenario to the assessment.*

- Describe how the exercise is part of a multi-year strategy. Describe previous trainings or exercises that were done, corrective actions that were identified, and which ones have been implemented.

7. Implementation Plan

- List the expected or planned participants for the event including local and state agencies, multiple disciplines and non-governmental organizations.
- If it is your intent to include a WI-CAMS and/or SEOC element in your exercise scenario please indicate so and also briefly describe how this would be accomplished.
- Indicate whether or not you are willing to include a state role including the State Emergency Operations Center (SEOC), in your exercise.
- Explain how the needs and requirements of persons with disabilities will be taken into account in the scenario. **Applications must address this requirement in order to receive funding.**
- Outline the timeline for this project including planning and design meetings and the development of the AAR. *Best applications may even outline a plan for how they will begin to address corrective actions.*

8. Required Attachments

- Attach an email that documents your communication with the WEM exercise section regarding the availability of exercise officers and compliance with state exercise priorities.
- Attach a quote if working with a contractor.

NOTE: to attach a document to your Egrants application, you must type “See Attached” in the text box to enable the document attachment tool.

9. Evaluation

Grant proposals for a Functional or Full-Scale Exercise must include a copy of the AAR Improvement Plan from the prior exercise.

This improvement plan will be reviewed to ensure that all critical corrective actions have been addressed, prior to your receiving funding for the exercise in the progressive series. *Best applications will provide an explanation of which corrective action items have been completed and how they will be tested in the new exercise.*

10. Other Funding

Describe any cost sharing that will be a part of this project. Clearly explain what sources of funding in addition to grant funds will be used to conduct this exercise.

Application Review and Award Criteria

All applications must be submitted on or before the deadline and will be screened for completeness and compliance with the instructions provided in this announcement. WEM staff will review and score applications in order to make funding decisions for this competitive grant opportunity. Please refer to **Appendix C** for scoring criteria. WEM staff will make recommendations to the Adjutant General. All final grant award decisions will be made by the Adjutant General.

FEMA requires that all full-scale exercises complete an Environmental Historic Preservation (EHP) review process. If selected for award, full-scale exercise applicants will complete the EHP screening form, which WEM will submit to FEMA. Once FEMA approves the project, a sub-grant will be awarded. The EHP screening form is attached to this document as **Appendix B** for your situational awareness. WEM staff can provide a link to the electronic form and answer questions about the form and the process.

Post-Award Special Conditions/Reporting Requirements

If you are awarded funds under this announcement, you will be required to provide regular progress reports. The schedule for your reports will be included in your grant award materials. At that time, please review all of your grant award special conditions and Egrants reporting requirements.

1. **AAR and Improvement Matrix:** The exercise AAR is due to WEM within 60 days of completion of the exercise and must include an improvement action plan matrix.
2. **Exercise Officer Evaluation Survey:** Complete, submit and upload in Egrants the survey with grant close-out documentation.
3. **Consultant/Contractor Documentation:** A copy of all contracts related to consultants or contractors that are used for any activities funded through this grant must be submitted with grant close-out documentation prior to reimbursement. All contractual agreements must also be uploaded in Egrants.
4. **HSEEP for Exercises:** All exercises must follow the exercise methodology as directed by HSEEP.
5. **This grant is subject to Environment Planning and Historic Preservation (EHP) review.** No funds may be spent until the project is approved at the federal level. This may take up to 12 months.
6. **Please provide a copy of the “Exercise Notification Memo” document to Michael Jordan at Michael.jordan@Wisconsin.gov**

Additional Resources

Additional information about Wisconsin Emergency Management and resources to assist with Egrants are available as follows:

- Wisconsin Emergency Management website: <http://emergencymanagement.wi.gov/>
- A helpful Egrants User Guide is posted on the Egrants page of the WEM website. <https://egrants.emergencymanagement.wi.gov/egmis/EgrantsExternalUserGuide9-12-2014WEM.pdf>
- Online Help is available in many areas of the Egrants program – watch for the Help Buttons.
- State of Wisconsin Travel Guidelines: <http://oser.state.wi.us/docview.asp?docid=7365>
- Link to WEM Training and Exercise Plan. [Multi year training and exercise 2016-18](#)
- Egrants Helpdesk is staffed on non-holiday weekdays between 7:30AM and 4:00PM.

Email: WEMEgrants@wisconsin.gov

Telephone: (608) 242-3236

CORE CAPABILITIES CROSSWALK

Appendix A

PPD-8 introduced the concept of “Core Capabilities”, which are designed to provide an integrated approach to preparedness by incorporating several of the traditional “Target Capabilities” together or creating a new capability.

The following crosswalk identifies the relationship of the former Target Capabilities to the current Core Capabilities.

Core Capability	Prior Target Capability
Access Control & Identity Verification	None
Community Resilience	Community Preparedness & Participation
Critical Transportation	Citizen Evacuation & Shelter-in-Place
Cybersecurity	None
Economic Recovery	Economic & Community Recovery
Environmental Response/Health/Safety	Environmental Health Responder Safety & Health WMD/Hazmat Response & Decon
Fatality Management Services	Fatality Management
Fire Management and Suppression	None
Forensics and Attribution	None
Health & Social Services	None
Housing	None
Infrastructure Systems	Restoration of Lifelines Structural Damage Assessment
Intelligence & Information Sharing	Information Gathering Intelligence Analysis & Production Intelligence/Info Sharing & Dissemination
Interdiction & Disruption	Counter-Terror Investigation & LE
Long-Term Vulnerability Reduction	None
Logistics and Supply Chain Management	Volunteer Management & Donations Critical Resource Logistics & Distribution
Mass Care Services	Mass Care
Mass Search & Rescue Operations	Search & Rescue (land based)
Natural and Cultural Resources	None
On-Scene Security, Protection, and Law Enforcement	Emergency Public Safety & Security EOD Response Operations
Operational Communications	Communications
Operational Coordination	EOC Management On-Site Incident Management
Physical Protective Measures	Critical Infrastructure Protection

Core Capability	Prior Target Capability
Planning	Planning
Public Health , Healthcare, & Emergency Medical Services	Mass Prophylaxis Triage & Pre-Hospital Treatment Medical Surge Medical Supplies Mgmt & Distribution Epidemiological Surveillance & Investigation Isolation & Quarantine Laboratory Testing
Public Information & Warning	Public Information & Warning
Risk & Disaster Resilience Assessment	None
Risk Management for Protection Programs & Activities	Risk Management
Screening, Search, & Detection	CBRNE Detection
Situational Assessment	None
Supply Chain Integrity & Security	Food & Agriculture and Defense Animal Disease Emergency Support
Threat & Hazard Identification	None

APPENDIX B- EHP Screening Form

Grant Programs Directorate

OMB Control#: 1660-0115

Expiration Date: 01/31/2017

FEMA Form: 024-0-1

DEPARTMENT OF HOMELAND SECURITY

FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA)

ENVIRONMENTAL AND HISTORIC PRESERVATION SCREENING FORM

Directions for completing this form: This form is designed to initiate and facilitate the environmental and historic preservation (EHP) compliance review for your FEMA preparedness grant-funded project(s). FEMA conducts its EHP compliance reviews in accordance with National Environmental Policy Act (NEPA) and other EHP-related laws and executive orders. In order to initiate EHP review of your project, you must complete all relevant sections of this form and submit it to the Grant Programs Directorate (GPD) along with all other pertinent project information. Failure to provide requisite information could result in delays in the release of grant funds. ***Be advised that completion of this form does not complete the EHP review process.*** You will be notified by FEMA when your review is complete and/or if FEMA needs additional information.

There is no need to complete and submit this form if the grant scope is limited to planning, management and administration, classroom-based training, tabletop exercises and functional exercises, or purchase of mobile and portable equipment where no installation is needed. The following website has additional guidance and instructions on the EHP review process and the information required for the EHP review: at <http://www.fema.gov/media-library/assets/documents/85376>.

This form should be completed electronically. *Submit completed form through your grant administrator who will forward it to GPDEHPInfo@dhs.gov.* Please use the subject line: ***EHP Submission: Project Title, location, Grant Award Number (Example, EHP Submission: Courthouse Camera Installation, Any Town, State, 12345; 2011-SS-0xxx)***. OMB Control#: 1660-0115 FEMA Form: 024-0-1 2

SECTION A. PROJECT INFORMATION

DHS Grant Award Number:

Grant Program:

Grantee:

Grantee POC:

Mailing address:

E-mail:

Sub-grantee:.....

Subgrantee POC:.....

Mailing address:

E-mail:

Estimated cost of project:

Project title:

Project location (physical address or latitude-longitude):

Project Description. Provide a complete project description. The project description should contain a summary of what specific action is proposed, where it is proposed, how it will be implemented. Include a brief description of the objectives the project is designed to accomplish (the purpose), and the reason the project is needed. Use additional pages if necessary. If multiple sites are involved, provide the summary for each site:

SECTION B. PROJECT TYPE

Based on the proposed project activities, determine which project type applies below and complete the corresponding sections that follow. For multi-component projects or those that may fit into multiple project types, complete the sections that best apply and fully describe all major components in the project description. If the project involves multiple sites, information for each site (such as age of structure, location, ground disturbance, etc.) must be provided. Attach additional pages to this submission, if needed.

1. Purchase of equipment. Projects in this category involve the purchase of equipment that will require installation on or in a building or structure. Complete other portions of Section B as needed. Complete Section C.1.

2. Training and exercises. Projects in this category involve training exercises with any field-based components, such as drills or full-scale exercises. Complete Section C.2.

3. Renovations/upgrades/modifications or physical security enhancements to existing structures. Projects in this category involve renovations, upgrades, retrofits, and installation of equipment or systems in or on a building or structure. Examples include, but are not limited to: interior building renovations; electrical system upgrades; sprinkler systems; vehicle exhaust systems; closed circuit television (CCTV) cameras; security fencing; access control for an area, building, or room; bollards; motion detection systems; OMB Control#: 1660-0115 FEMA

Form: 024-0-1 3

alarm systems; security door installation or upgrades; lighting; and audio-visual equipment (projectors, smart boards, whiteboards, monitors, displays, and projector screens). Complete Section C.3.

4. **Generator installation.** Projects in this category involve installation of new or replacement generators, to include the concrete pads, underground fuel and electric lines, and if necessary, a fuel storage tank. Complete Section C.4.

5. **New construction/addition.** Projects in this category involve new construction, addition to, or expansion of a facility. These projects involve construction of a new building, or expansion of the footprint or profile of a current structure. Complete Section C.5.

6. **Communication towers, antennas, and related equipment.** Projects in this category involve construction of new or replacement communications towers, or installation of communications-related equipment on a tower or building or in a communications shelter or building. Complete Section C.6.

7. **Other.** Projects that do not fit in any of the categories listed above. Complete Section C.7.

SECTION C. PROJECT TYPE DETAILS

Check the box that applies to the proposed project and complete the corresponding details.

1. **Purchase of equipment.** *If the entire project is limited to purchase of mobile/portable equipment and there is no installation needed, this form does not need to be completed and submitted.*

a. Specify the equipment, and the quantity of each:

b. Provide the Authorized Equipment List (AEL) number(s) (if known):

c. Complete Section D.

2. **Training and exercises.** *If the training is classroom and discussion-based only, and is not field-based, this form does not need to be completed and submitted.*

a. Describe the scope of the proposed training or exercise (purpose,

materials, and type of a activities required):

b. Provide the location of the training (physical address or latitude-

longitude):

c. Would the training or exercise take place at an existing facility which has

established procedures for that particular proposed training or exercise, and that conforms with existing land use designations? For further information refer to policy guidance at

<http://www.fema.gov/media-library/assets/documents/85376>: Yes No

• If Yes, provide the name of the facility and the facility point of

contact (name, telephone number, and email address):

• If No, provide a narrative description of the area where the training

or exercise would occur (e.g., exercise area within four points

defined by latitude/longitude coordinates): OMB Control#: 1660-0115 FEMA Form: 024-0-1 4

• Does the field-based training/exercise differ from previously permitted training or exercises in any way, including, but not limited to frequency, amount of facilities/land used, materials or equipment used, number of participants, or type of activities? Yes No

• If Yes, explain any differences between the proposed activity and

Those that were approved in the past, and the reason(s) for the change in scope:.....

• If No, provide reference to previous exercise (e.g., FEMA grant

name, number, and date):.....

d. Would any equipment or structures need to be installed to facilitate

training? Yes No

• If Yes, complete Section D

3. Renovations/upgrades/modifications, or physical security enhancements to existing structures.

a. Complete Section D.

4. Generator installation.

a. Provide capacity of the generator (kW):

b. Identify the fuel to be used for the generator (diesel/propane/natural gas): .

c. Identify where the fuel for the generator would be stored (e.g. stand-alone

tank, above or below ground, or incorporated in generator):

d. Complete Section D.

5. New construction/addition. a. Provide detailed project description (site acreage, new facility square

footage/number of stories, utilities, parking, storm-water features, etc.):.....

b. Provide technical drawings or site plans of the proposed project: Attached

c. Complete Section D.

6. Communication towers, antennas, and related equipment. a. Provide the current net height (in feet above ground level) of the existing

tower or building (with current attached equipment):

b. Provide the height (in feet above ground level) of the existing tower or

building after adding/replacing equipment:

Complete items 6.c through 6.q below ONLY if this project involves construction of a new or replacement communications tower. Otherwise continue to Section D.

Information regarding National Historic Preservation Act Section 106 Review Requirements for Communications Facilities and information on EHP requirements for communications towers is available at:

<http://www.fema.gov/media-library/assets/documents/85376>. OMB Control#: 1660-0115 FEMA Form: 024-0-1 5

c. Provide the ground-level elevation (feet above mean sea level) of the site

of the proposed communications tower:

d. Provide the total height (in feet above ground level) of the proposed

communications tower or structure, including any antennas to be mounted:

- If greater than 199 feet above ground level, state why this is needed

to meet the requirements of the project:.....

e. Would the tower be free-standing or require guy wires? Free standing Guy wires

- If guy wires are required, state number of bands and the number of

wires per band:

- Explain why a guyed tower is needed to meet the requirements of

this project:

f. What kind of lighting would be installed, if any (e.g., white strobe, red

strobe, or steady burning)?

g. Provide a general description of terrain (e.g., mountainous, rolling hills,

flat to undulating):.....

h. Describe the frequency and seasonality of fog/low cloud cover:.....

i. Provide a list of habitat types and land use at and adjacent to the tower

site (within ½ mile), by acreage and percentage of total (e.g., woodland
conifer forest, grassland, agriculture) water body, marsh:

j. Is there evidence of bird roosts or rookeries present within ½ mile of the proposed site?

..... Yes No

- Describe how presence/absence of bird roosts or rookeries was

determined:

k. Identify the distance to nearest wetland area (e.g., forested swamp,

marsh, riparian, marine) and coastline if applicable:

l. Distance to nearest existing telecommunication tower:

m. Have measures been incorporated for minimizing impacts to migratory birds?

..... Yes No

- If Yes, describe:

n. Has a Federal Communications Commission (FCC) registration been obtained for this
tower?..... Yes No

- If Yes, provide Registration #:

- If No, why?

o. Has the FCC E106 process been completed? Yes No

p. Has the FCC Tower Construction Notification System (TCNS) process been completed?

..... Yes No

- If Yes, attach the environmental documentation submitted as part of

the registration process including use of the Tower Construction OMB Control#: 1660-0115 FEMA Form: 024-0-1

Notification System (TCNS), if applicable. FRN#:

q. Would any related equipment or structures need to be installed (e.g., backup

generator and fuel source, communications shelter, fencing, or security measures)?

..... Yes No

• If Yes, explain where and how each installation would be done. Provide

details about generator capacity (kW), fuel source, fuel location and
tank volume, amount of fencing, and size of communication shelter:

r. Complete Section D.

7. **Other.** Complete this section if the proposed project does not fit any of the categories above.

a. Provide a complete project description:

b. Complete Section D.

SECTION D. PROJECT DETAILS

Complete all of the information requested below.

1. Project installation

a. Explain how and where renovations/upgrades/modifications would take

place, or where equipment/systems will be installed:

b. Would ground disturbance be required to complete the project or training? Yes No

• If Yes, provide total extent (depth, length, and width) of each ground-

disturbing activity. Include both digging and trenching. For example,
light poles and fencing have unique ground-disturbing activities (e.g.,
six light poles, 24" dia. x 4' deep; trenching 12" x 500' x 18" deep;
22 fence posts, 12" diameter x 3' deep, and 2 gate posts, 18" diameter
x 3' deep):

• If Yes, describe the current disturbed condition of the area (e.g.,
parking lot, road right-of-way, commercial development):

c. Would the equipment use the existing infrastructure for electrical distribution systems?

..... Yes No

• If No, describe power source and detail its installation at the site:

2. Age of structure/building at project site

a. Provide the year existing building(s) or structure(s) on/in/nearest to the

location involved in the proposed project was built:

• If the building or structure involved is over 45 years old and

OMB Control#: 1660-0115 FEMA Form: 024-0-1 7

significant renovation, rehabilitation, or modification has occurred,
provide the year(s) modified and briefly describe the nature of
the modification(s):

b. Are there any structures or buildings that are 50 years old or older in or adjacent to the project area?
..... Yes No

- If yes, provide the location of the structure(s), ground-level color

photographs of the structure(s), and identify their location(s) on an
aerial map:

c. Is the project site listed in the National Register of Historic Places

(National Register), or in/near a designated local or National Register
Historic District? The internet address for the National Register

is: <http://nrhp.focus.nps.gov> Yes No

- If Yes, identify the name of the historic property, site and/or district

and the National Register document number:

3. Site photographs, maps and drawings

a. Attach site photographs. Site photographs are required for all projects. Use the following as a checklist for
photographs of your project. Attach photographs to this document or as accompanying documents in your
submission.

- Labeled, color, ground-level photographs of the project site: Required
- Labeled, color photograph of each location where equipment would be attached to a building or structure:
..... Required
- Labeled, color aerial photograph of the project site: Required
- Labeled, color aerial photographs that show the extent of ground disturbance (if applicable):
..... Attached
- Labeled, color ground-level color photographs of the structure from each exterior side of the building/structure
(applicable only if building/structure is more than 45 years old):
Attached

b. Are there technical drawings or site plans available? Yes No

- If yes, attach: Attached

Appendix A has guidance on preparing photographs for EHP review

4. Environmental documentation

a. Is there any previously completed environmental documentation for this project at this proposed project site
(e.g., Environmental Assessment, or wetland delineation, or cultural/archaeological study)?

..... Yes No

- If Yes, attach documentation with this form: Attached

b. Is there any previously completed agency coordination for this project (e.g., correspondence with the U.S. Fish
and Wildlife Service, State Historic Preservation Office, Tribal Historic Preservation Office)?

..... Yes No

- If Yes, attach documentation with this form: Attached

OMB Control#: 1660-0115 FEMA Form: 024-0-1 8

c. Was a NEPA document was prepared for this project? Yes No

• If Yes, what was the decision? (Check one, and please attach):

Finding of No Significant Impact (FONSI) from an Environmental Assessment (EA) or
Record of Decision (ROD) from an Environmental Impact Statement (EIS).

Name of preparing agency:...

Date approved:.....

Appendix C- FY 2016 Exercise Grant Application Scoring Worksheet

Budget

Costs in accordance with guidelines for allowable expenses at correct reimbursement rates	yes =1pt
Math calculations are correct and there is detailed description of costs	yes = 1pt
If hiring a contractor, copy of contract attached	yes = 1pt

Project Narrative

Provides a clear description of the scenario	Yes =1pt
A functional exercise project follows and builds on a previous tabletop	Yes = 1pt
Full Scale exercise project follows and builds on a previous functional exercise	Yes = 2 pts
Award one point, with a maximum of three points, for each of the following core capabilities tested:	

Logistics and Supply Chain Management	Cybersecurity
Mass Care Services	Infrastructure Systems
Operational Communications	

The scenario is well-suited to test the listed capabilities	_____ pts
	Yes = 1pt

Evidence of Need section

Outlined the risk in the community	Yes = 1pt
Explained the risk assessment and gap analysis process conducted	Yes = 1pt
Clearly related the scenario to the assessment of risk and capabilities gap	Yes = 1pt
Described a multi-year exercise strategy including:	Yes = 1pt
Description of previous exercises or training	Yes = 1pt
Corrective actions that were identified in previous training or exercises	Yes = 1pt
Described which corrective actions have been implemented	Yes = 2pt

Implementation Plan section

The exercise includes appropriate participants for the described scenario and capabilities tested	Yes= 1pt
The exercise includes a private sector player	Yes = 1pt
The exercise includes a volunteer organization	Yes = 1pt
The exercise includes a WI-CAMS element in the scenario and has been so noted/described in the "Implementation Plan" section of the application	Yes = 1pt
The exercise includes/tests a component for dealing with people with disabilities	Yes = 2 pts
The exercise provides access to people with disabilities to participate in exercise meetings	Yes = 1pt
Provided a timeline for the project that includes planning, design work, conducting exercise and AAR development	Yes = 1pt
Outlined a plan for how they will begin to address corrective action items	Yes = 1pt

Completed Required Attachment section with evidence of email contact with WEM exercise section	Yes =1pt
---	----------

Completed Evaluation section with a copy of the previous AAR (for FX or FS)	Yes =1pt
Explained steps taken to implement the AAR Improvement Plan	Yes =1pt
Explained how corrective action completed will be tested in new exercise	Yes = 1pt

Other Funding section

The exercise project includes financial support (Cash/in kind) from other sources	Yes = 1pt
---	-----------

Total Score
